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B22A (Official Form 22A) (Chapter 7) (04/13)

In re	Fred Swanson Cheryl Swanson	According to the information required to be entered on this statement					
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):					
Case Number: (If known)		☐ The presumption arises.					
		■ The presumption does not arise.					
		\square The presumption is temporarily inapplicable.					

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707() (7)	EXCLUSION	
	Marital/filing status. Check the box that applies and complete the balance of this part of this	tateme	ent as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.			
	b. \square Married, not filing jointly, with declaration of separate households. By checking this bo "My spouse and I are legally separated under applicable non-bankruptcy law or my spous			
2	purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Comple			
_	for Lines 3-11.	ce om,	column 11 (Bc	otor s meome)
	c. Married, not filing jointly, without the declaration of separate households set out in Lin ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.	2.b a	bove. Complete b	ooth Column A
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column I	3 (''Sp	ouse's Income'')	for Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the	six	Column A	Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before		Debtor's	Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	4,069.38	\$ 2,539.11
	Income from the operation of a business, profession or farm. Subtract Line b from Line a a		.,000.00	<u> </u>
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one	iid		
	business, profession or farm, enter aggregate numbers and provide details on an attachment. D			
4	not enter a number less than zero. Do not include any part of the business expenses entered	on		
4	Line b as a deduction in Part V. Debtor Spouse			
		00		
		00		
	c. Business income Subtract Line b from Line a	\$	0.00	\$ 0.00
	Rent and other real property income. Subtract Line b from Line a and enter the difference in			
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include ar part of the operating expenses entered on Line b as a deduction in Part V.	y		
5	Debtor Spouse			
		00		
		00		
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$ 0.00
6	Interest, dividends, and royalties.	\$	0.00	\$ 0.00
7	Pension and retirement income.	\$	2,049.14	\$ 0.00
	Any amounts paid by another person or entity, on a regular basis, for the household			
8	expenses of the debtor or the debtor's dependents, including child support paid for that			
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column.	n.		
	if a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	\$ 0.00
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.			
	However, if you contend that unemployment compensation received by you or your spouse wa			
9	benefit under the Social Security Act, do not list the amount of such compensation in Column or B, but instead state the amount in the space below:	A		
	Unemployment compensation claimed to			
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.	00	0.00	\$ 0.00
	Income from all other sources. Specify source and amount. If necessary, list additional source			
	on a separate page. Do not include alimony or separate maintenance payments paid by you	r		
	spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments			
4.0	received as a victim of a war crime, crime against humanity, or as a victim of international or			
10	domestic terrorism.			
	Debtor Spouse	\parallel		
	a.	\dashv		
	Total and enter on Line 10	\$	0.00	\$ 0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and	l, if		
	Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	6,118.52	\$ 2,539.11

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		8,657.63			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	103,891.56			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 5	\$	74,662.00			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		ot arise" at the			
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	TION OF CURREN	T MONTHLY INCOM	ME FOR § 707(b)(2	2)	
16	Enter the amount from Line 12.					8,657.63
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel- spouse's tax liability or the spouse's amount of income devoted to each p not check box at Line 2.c, enter zero	regular basis for the househ ow the basis for excluding t support of persons other th ourpose. If necessary, list ac	old expenses of the debtor or he Column B income (such a an the debtor or the debtor's	the debtor's as payment of the dependents) and the		
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		\$	0.00
18	Current monthly income for § 707	7(b)(2). Subtract Line 17 fr	om Line 16 and enter the res	ult.	\$	8,657.63
	Part V. Ca	ALCULATION OF D	DEDUCTIONS FROM	INCOME		
	Subpart A: Dec	luctions under Standar	ds of the Internal Revenu	ie Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	1,746.00
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 year a1. Allowance per person	60 a2.	Persons 65 years of age Allowance per person	or older		
	b1. Number of persons c1. Subtotal	5 b2. 300.00 c2.	Number of persons Subtotal	0.00	\$	300.00
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	ities; non-mortgage expensive expenses for the applicable of from the clerk of the bankruallowed as exemptions on y	ises. Enter the amount of the county and family size. (This aptroy court). The applicable f	IRS Housing and information is amily size consists of	\$	623.00

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental expense" \$ 1,803.00						
	b. Average Monthly Payment for any debts secured by your						
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	0.00	4.000.00			
			20.4	\$ 1,803.00			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
				\$ 0.00			
22A	Local Standards: transportation; vehicle operation/public transpo You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8. □ □ □ □ 1 ■ 2 or more.	f whether you pay the expenses of					
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)						
	\square 1 \blacksquare 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Linthe result in Line 23. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs	\$	517.00				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	730.00				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ 0.00			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs	\$	517.00				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$	250.00				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$ 267.00			
25	Other Necessary Expenses: taxes. Enter the total average monthly expensed and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxe		\$ 1,582.00			

26	Other Necessary Expenses: involuntary deductions for emdeductions that are required for your employment, such as ret Do not include discretionary amounts, such as voluntary 4	irement contributions, union dues, and uniform costs.	\$	0.00			
27	Other Necessary Expenses: life insurance. Enter total avera life insurance for yourself. Do not include premiums for insurance therefore of insurance.		\$	0.00			
28	Other Necessary Expenses: court-ordered payments. Ente pay pursuant to the order of a court or administrative agency, include payments on past due obligations included in Line	such as spousal or child support payments. Do not	\$	0.00			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on						
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
33	Total Expenses Allowed under IRS Standards. Enter the to	otal of Lines 19 through 32.	\$	6,923.00			
2.4	Health Insurance, Disability Insurance, and Health Saving the categories set out in lines a-c below that are reasonably nedependents.						
34	a. Health Insurance \$	604.01					
	b. Disability Insurance \$	30.16					
	c. Health Savings Account \$	0.00	\$	634.17			
	Total and enter on Line 34. If you do not actually expend this total amount, state your a below: \$	actual total average monthly expenditures in the space					
35	Continued contributions to the care of household or family expenses that you will continue to pay for the reasonable and ill, or disabled member of your household or member of your expenses.	necessary care and support of an elderly, chronically	\$	0.00			
36	Protection against family violence. Enter the total average reactually incurred to maintain the safety of your family under tother applicable federal law. The nature of these expenses is reactions.	\$	50.00				
37	Home energy costs. Enter the total average monthly amount. Standards for Housing and Utilities, that you actually expend trustee with documentation of your actual expenses, and y claimed is reasonable and necessary.	\$	0.00				
38	Education expenses for dependent children less than 18. E actually incur, not to exceed \$156.25* per child, for attendance school by your dependent children less than 18 years of age. You documentation of your actual expenses, and you must explanecessary and not already accounted for in the IRS Standard.	\$	0.00				

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	ex St or	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	0.00		
40				ns. Enter the amount that you will conte organization as defined in 26 U.S.C. §				e form of cash or	\$	0.00
41	To	otal	Additional Expense Deduct	ions under § 707(b). Enter the total of	Line	s 34 th	rough 40		\$	684.17
	ı			Subpart C: Deductions for D	ebt	Pavn	nent			
42	ov ch sc ca	wn, l neck hed nse, o	ist the name of the creditor, ic whether the payment include aled as contractually due to ea	ns. For each of your debts that is secure dentify the property securing the debt, so taxes or insurance. The Average Monach Secured Creditor in the 60 months as additional entries on a separate page	ed by state t thly l	an inte the Ave Paymer wing th	erest in properage Montlet is the totale filing of t	nly Payment, and all of all amounts he bankruptcy		
			Name of Creditor	Property Securing the Debt		Averag	ge Monthly Payment	Does payment include taxes or insurance?		
		a.	Capital One	2013 Chevy Camro RS	\$		730.00	□yes ■no		
		b.	One Nevada	2006 GMC Sierra (124,000 miles)	\$		250.00	□yes ■no		
						Total:	Add Lines		\$	980.00
44	Pa pr	a. aym	y tax, child support and alime	Property Securing the Debt claims. Enter the total amount, divided only claims, for which you were liable a	by 6	\$ 0, of al	T l priority cl	e Cure Amount otal: Add Lines aims, such as ruptcy filing. Do		0.00
	+-			ich as those set out in Line 28.			2 1 .	1 6 11 1	\$	0.00
				es. If you are eligible to file a case und by the amount in line b, and enter the r						
45	a b		issued by the Executive Of information is available at the bankruptcy court.)	chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk o rative expense of chapter 13 case	X		Iultiply Lin	6.30	\$	0.00
46	╀			nt. Enter the total of Lines 42 through		otar. iv	tutipiy Lin	cs a and b	\$	980.00
40	1'	ocai	Eductions for Debt 1 ayine	Subpart D: Total Deductions		n Inc	ome		Φ	300.00
47	T	otal	of all deductions allowed ur	der § 707(b)(2). Enter the total of Line					\$	8,587.17
	1-,			DETERMINATION OF § 707				ΓΙΟΝ		,
48	Eı	nter		Current monthly income for § 707(b)(,			\$	8,657.63
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$	8,587.17				
50	+		•	• § 707(b)(2). Subtract Line 49 from Li			•	ılt.	\$	70.46
51)-m o	=	r § 707(b)(2). Multiply the amount in	Line	50 by t	he number	60 and enter the	\$	4,227.60

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presum statement, and complete the verification in Part VIII. Do not complete the remain		age 1 of this			
-	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Pa					
	\Box The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co	omplete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	\square The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE	CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amou	nt			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATIO	N				
	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>) Date: June 11, 2013 Signatu	is true and correct. (If this is a join re: /s/ Fred Swanson	nt case, both debtors			
	Date. Julie 11, 2013	Fred Swanson				
57		(Debtor)				
	Date: June 11, 2013 Signatu	re /s/ Cheryl Swanson				
	<u> </u>	Cheryl Swanson				
		(Joint Debtor, if a	ny)			

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.